EMENT OF I			ME	211, VII 2 SIELVANDE				COMPLET	
ement of I Plan of Co	EFICI RREC	NCIES (		HUMAN SERVICES DICAID SERVICES			CONSTRUCTION	\ F	
ME OF PROV	REC		対既	COVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:	A BUIL	DING			/2008
		ION			B. WIN	G			
ME OF PROV		\		09G088	15. 7		T ADDRESS, CITY, STATE, ZIP CODE	1	
AE OF PROV			1-4			STREE	TADDRESS, CITT, OTTO		
ME OF FIVE	ADER 1	R SUPPLIER				927	SOTH STREET, NE SHINGTON, DC 20019		
						WA		RECTION	(X5)
ŢS					מו		PROVIDER'S PLAN OF CURP (EACH CORRECTIVE ACTION S	SHOULD BE	DATE
		SUMMARY STA	TEME	NT OF DEFICIENCIES BE PRECEDED BY FULL	PRE		(EACH CORRECTIVE ACTION & CROSS-REFERENCED TO THE A DEFICIENCY)	PPROFIT	
(X4) ID PREFIX	(EA	H DEFICIENC	RICHOLOGI	NT OF DEFICIENCIES BE PRECEDED BY FULL INTIFYING INFORMATION)	100	• \	DEFICIENT		1
TAG	REG	UDKI OKI OKI			<del></del>				
				:	{W	000}			•
M 000}∫ II	VIT LA	COMMEN	10		1				
	- (i			s November 2, 2007	1	}		•	
1	/ tolld	w-up survey		e November 2, 2007 as conducted on January and the actions identified in		}		E :	<u> </u>
] [	ecerti	fication surv	Ty W	ctive actions identified in		1		2007 JAN	
	19, 2	No, to verily Militale subm	itted	plan of correction.				<u>بر</u> لي	
	· 1	1	i   16.1					7 3	
	The fi	ndings of th	is sur	vey were based on		. \		25 2 25 3	
	414 13	13	~~~	KIND I KINDE. HILENYEYE TI'N'					
	21 11	L	1 #44044	Kenia etali alto terreri e:	_			U	BEC T
	والوجوا تقوم	ita both clini	ASI SII	IO SOLINISHADAS IO MORAZ	<b>.</b>	1		47	725
			taciji.	y's unusual incident				 ن	<b>=</b>
	repoi	is.		CTION OF CLIENTS	10	V 124}		<del>- 10</del>	
{W 124}	483.4	20(a)(2) PH	(0)	CHON OF CEIENCE	'	•	·		
	RIGH	11.3			1 .				}
	The	ecility must	ėnsų:	e the rights of all clients.					
	Than	After the fac	d villi:	hust inform each client,	-				
	nare	#riftbe clie	nt ísk	iminor), or legal guardian	,		<b>\</b>		
	-c¥ thi	# client's me	edical.	condition, developmental	ţ				
	and	behavioral s	statue	attendant risks of					
	treat	hent, and o	the	ight to refuse treatment.			,		
	4								•
	This	STANDARI	is i	ot met as evidenced by:	ľ				
	Base	d on observ	vation	interview and record	_ [				
	værif	Mation the t	facilit	difailed to ensure the right	of				
	each	licient or the	eir lei	al guardian to be informed	1				
	at th	d client's me	adical	condition, developmental					
	and	pehavioral s	statu <b>s</b>	attendant risks of					
	treat	ment, and t		hit to refuse treatment for the sample. (Clients #1 ar	nd				
	#2)	unee ole	1143 111	nie strubier (orduro u. e.					
	1 TT								
	The	ndings inc	iude:	1.					
	1  F	view of the	e Clie	nt #1's current physician					
	orde	s on Janua	ary 10	2008 revealed that the					
	1	1 (2	i 1 1	lowing medications: Busp					
ABORATOR	YDIRE	OTOR'S OR PR	OVIDE	NSUPPLIER REPRESENDATIVES	SIGNAT	URE/	IL ALL TITLE	10/-	(X6) DATE

Any deficiency statement ending with all asterisk (") denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made systable to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2587(02-99) Previous Versione Obsoleta

, !

Event ID: 7JC212

Facility (D; 09G098

If continuation sheet Page 1 of 12

PRINTED: 01/14/2008

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS HOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION X1 PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION DENTIFICATION NUMBER: A. BUILDING 01/10/2008 B. WING 09G098 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDERIOR SUPPLIER 927 65TH STREET, NE WASHINGTON, DC 20019 PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (BACH DEFICIENCY MUST BE PRECEDED BY FULL REQUIATORY OR ESC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE PREFIX (X4) ID CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) TAG {W 124} Continued From page {W 124} 10 ma BID, Benadryl so mg, Haldon 15 mg BID and Revia 50 BID for behavior management.
Interview with the Qualified Mental Retardation
Professional (QMRP) on January 10, 2007 at
approximately 9:30 AN revealed that the client did
not have a legal guardan. Further interview with
the QMRP revealed that Client #1's sister signed consents for her medical procedures, however, she expired on 10/18/07. Review of the QMRP's monthly notes dated December 26, 2007 revealed that another sister was scheduled to visit the facility on December 28, 2007; and the QMRP would speak to her regarding guardianship. Review of the visitor's log, the sister visited the fadility on January 5, 2007. The client's individual Support Plan is scheduled for January 11, 2007 and the interdisciplinary Team will inform the sister of the client's restrictive measures (psychotropic medications). The review of Client #1's Psychological Assessment dated December 1, 2005 indicated that the client is not able to make independent decisions covering her residential or placement, treatment plan or financial affairs. There was no documented evidence that the facility informed Client #1 or a legally authorized representative, as appropriate, of the health benefits and risks of treatment associated with the use of her psychotropic medications and corresponding BSP. Additionally, the facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual or entity. 2. Review of Client #2's current physician orders

on January 10, 2008 revealed that the client received the following psychotropic medications: Tegrebol 300 mg BID, Anairanii 75 mg Q PM, Lithium Citrate 450 mg, and Risperdal 4 mg BID.

Interview with the nursing staff on the same day

STATEMEN AND PLAN	TOF DE	I	CIENCIES		PROVIDER/SUPPLIER/CLIA	1 ' '		PLE CONSTRUCTION	(X3) DATE SI COMPLE	
MUD FLAN	Jr Curr	I	CHON			A. BUIL	DIN.	<u> </u>		R
	.:1	I			Q9G098	B, WIN	G_			0/2008
NAME OF I	ROVIDE		OR SUPPLIER			•	92	EET ADDRESS, CITY, STATE, ZIP CODE 27 55TH STREET, NE VASHINGTON, DC 20019		
(X4) (D PREFIX TAG	(£		CH DEFICIENCY	MÜ	ENT OF DEFICIENCIES SY BE PRECEDED BY FULL SENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
(W 124)	reveal physion		or managerrans orders rans orders rans orders rans orders rans orders rans associate urious behavious behavious behavious behavious behavious behavious enders rans orders rans covering and plan or firanted evident associate ropic medicionally, the that substitutionally and coordinal mental retain observation observation of the coordinal mental retain observation of the coordinal mental retain observation observation of the coordinal mental retain observation of the coordinal mental retain observation observation of the coordinal mental retain observation.	e e e e e e e e e e e e e e e e e e e	ations were prescribed for Review of the client's aled that medications were dated 12/1/06, to address with aggression, property destruction, people, screaming, g, and hyperactivity. P on January 10, 2008 at revealed that Client #2 did an. Further interview with a Client #2's sister was resents for her medical amber 1, 2006 Indicated to make independent residential or placement, fall affairs. There was no that the facility informed thorized representative, walth benefits and risks of the use of her and corresponding acility failed to provide a consent had been recognized individual or	{W 15		Client #1's sister did attend her ISP meetin 18. At that time, she agreed to become the guardian for client #1 and was given the a rapers to complete. The QMRP and east follow up with the sister of client #1 until legal guardian is finalized. 2-28-18.  The QMRP will update the status of followin her monthly notes 2-10-08.  The sister of client #2 has also been located and has agreed to become her leguardian. Assisted by the case manager, the will follow up with the sister providing he paperwork necessary to begin the process will follow up until the sister has been leguardiahed as the guardian. 2-28-18.	ppropriate munager will her status as a coutinely and and and againe QMRP or with the the QMRP.	
RM CMS-256	37(02-49)	)	svious Verslana č	,	5. 45 71024					

PRINTED: 01/14/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DETICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 096098 01/10/2008 NAME OF PROMIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 927 55TH STREET, NE MIS WASHINGTON, DC 20019 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION ACH DEFICIENCY MUST BE PRECEDED BY FULL GULATORY OR LSC (DENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) {W 159} Continued From page 3 (W 159) Professional (QMRP) failed to integrate, coordinate and monitor its clients active treatment pilograms. The Indings include: 1. The facility's OMRH failed to ensure that staff demonstrated competency in implementation of Behavior Support Plan (BSP). [See W193] 2. The facility's QMRH failed to ensure that each witten training program designed to implement the objectives in the individual program plan (IPP) made certain that the data collection system was directly related to the outcome of the objective. [See W237] 3. The QMRP falled to ensure that each client's individual Program Plan (IPP) objectives are documented consistently and accurately. [See W252 4. The QMRP failed to coordinate with the Interdisciplinary Team (IDT) to explore whether Client was a candidate for dentures or a bridge to address her missing front teeth as evidenced bellow:

FORM CM5-2567(02-88) Provious Versions Obablets

Observations conducted on January 10, 2007 revealed Client #2 missing her front teeth. Interview with the Licensed Practical Nurse on

January 10, 2008 at approximately 10:00 AM revealed that she was unsure whether or not Clent 2 has been assessed for dentures or a

bridge for her missing front teeth. Interview with

approximately 1:30 PM revealed that Client #2 has never been assessed for dentures or a bridge. Review of the Flan of Correction dated

the facility's LPN on the same day at

Event ID:7JC212

Facility ID; 09G098

If continuation sheet Page 4 of 12

STATEMENT	OF DEF	CIENCIES CTION	CCI	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE S COMPLE	TED
				09G098	B. WI	NG		1	R <u>0/2008                                  </u>
NAME OF P	ROVIDE	OR SUPPLIER			<u> </u>	9	REET ADDRESS, CITY, STATE, ZIP CO 27 55TH STREET, NE WASHINGTON, DC 20019	DOE	
(X4) ID PREFIX TAG	(E RÉ	ACH DEFICIENC	YM	ENT OF DEFICIENCIES SY BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREF TAG	ix	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
{W 159}	Dece cond appoint of the first	nate with the timent with intures or a law timent.  If the QMRP fail int were obtains for psyche implement prior to their 263]  If the (a)(1) STAC interest in the continuity and continuity and continuity and continuity are to perfectly, and continuity and continuity are was proposed the facility fail in the facility fail i	reaction desired the state of t	ealed that the QMRP would N to scheduled an entiat to assess the need a. At the time of the ed to coordinate the dental of the ed to coordinate the dental of from family/legal opic medications, sedation, in of Behavior Support dementation. [See W124]  TRAINING PROGRAM de each employee with alking that enables the his or her duties effectively, ently.  Interview and record do to ensure that each do with initial and continuing the employee to perform his a efficiently, and ensure that newly hired petency in the #1 Behavior Support	{W 1		1. The QMRP has contacted psychologist to schedule it HSPs and data collection: OMRP has provided initia and the licensed psycholowith further training by  The QMRP will complete modifying the cited mean by 1-26-08.  Same as above (#2).  The dental appointment the been scheduled for 2-6.  See responses for W124.	raining on the systems. The it training to staff gist will follow up 2-7-08. the process of urable objectives or elient #2 has 508.	
	trainin	giprogram d	dsia	ensure that each written led to implement the Lal program plan (IPP)					
PRM CMS-25	<b>57(02-</b> 99)	frevious Version	S Obs	ete Event ID:7JC212		Fac	If	continuation shee	Page 5 of 12

NAME OF PROVIDER OR SUPPLIER  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE 927 55TH STREET, NE WASHINGTON, DC 20019  (X4) IP SLIMMARY STATEMENT OF DEFICIENCIES  ID PROVIDER'S PLAN OF CORRECTION (X5) (X4) IP SLIMMARY STATEMENT OF DEFICIENCIES  DEFEN: (X4) IP CORRECTIVE ACTION SHOULD BE COMPLE	TATEMENT	OF DEFICIE	ENCIES	Local	PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIF	PLE CONSTRUCTION	(X3) DATE SU COMPLET	IRVEY TED	ļ
NAME OF PROVIDER OR SUPPLIER  M T S  SIMMARY STATERIEM OF DEFICIENCIES  (C4) ID PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MAST BE PRECEDED BY FULL RESULATORY OR LES DENTIFYING INFORMATION)  (W 189) Continued From page-5 specified the type of data necessary to assess priggress toward the desired objective. (See W237)  3. The facility failed to ensure that staff had received effective training on documenting Client #11's targeted behaviors on the Antecedent Behavior Consequience (ABC) Data Collection Sheets. (See W252)  (W 193)  Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.  This STANDARD is not met as evidenced by: Based on observations, staff interviews and the reviewor records, the facility failed to ensure that newly fired staff demonstrated companies on the implementation of Client #1 Behavior Support Plan (ESP).	ND PLAN OF	CORRECT	ПОМ		IDENTIFICATION NUMBER:	A. BUI	LDING	G	F	ર	ļ
MTS    SUMMARY STATEMENT OF DEFICIENCIES   PREFIX   WASHINGTON, DC 20019			ļ	1 1	09G098	B. WI	\G		01/10	0/2008	_
PREFIX TAG    CECH DEPICIENCY MART BE PRECEDED BY FULL REPULLATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG    COntinued From page 5   Specified the type of data necessary to assess progress toward the desired objective. [See W237]   3. The facility failed to ensure that staff had received effective training on documenting Client #1's targeted behaviors on the Antecedent Behavior Consequence (ABC) Data Collection Sheets. [See W252]   W 193]   Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.   This STANDARD is not met as evidenced by: Based on observations, staff interviews and the review of records, the facility failed to ensure that newly lired staff demonstrated competency in the implementation of Client #1 Behavior Support   Plan (ESP).		OVIDEFO	R SUPPLIER				9;	27 55TH STREET, NE			
(W 189)  Continued From page 5 specified the type of data necessary to assess progress toward trie desired objective. [See W237]  3. The facility failed to ensure that staff had received effective training on documenting Client #1's targeted behaviors on the Antecedent Behavior Consequence (ABC) Data Collection Sheets. [See W252]  W 193]  Staff trust be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.  This STANDARD is not met as evidenced by: Based on observations staff interviews and the review of records, the tacility failed to ensure that newly fired staff demonstrated competency in the implementation of Client #1 Behavior Support Plan (ESP).	PREFIX	(ELC)	SUMMARY STA H DEFICIENC LATORY OR I	ATEME Y MOS LBC 1D	INT OF DEFICIENCIES IT BE PRECEDED BY FULL ENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	DULD BE	(X5) COMPLETION DATE	
Review of the Plan of Correction dated December 5, 2007 and review of the training records on January 10, 2008 revealed that the facility's Qualified Mental Retardation Professional falled to provide training by the Psychologist as indicated.  Observations conducted on 10/30/07 at approximately 5:25 PM revealed Client #1 hitting one hor semate on the right shoulder three times and attempting to hit ariother housemate. Further observations revealed that the direct care staff prompted Client #1 to stop while standing	{W 193}	specified progress W237  3. The free live of the start of	d the type of stoward the stoward the stoward the stoward the state of the consequence of the plan and review 10, 2008 red Mental Red training include of the plan and review 10, 2008 red Mental Red training include of the plan and review 10, 2008 red Mental Red training include of the plan and review 10, 2008 red Mental Red training includes the trai	of de	ta necessary to assess sired objective. [See ensure that staff had and on documenting Client on the Antecedent (ABC) Data Collection  RAINING PROGRAM emonstrate the skills and orderinister interventions or late behavior of clients, at met as evidenced by: staff interviews and the actility falled to ensure that strated competency in the strated competency in the training records on led that the facility's ation Professional falled a Psychologist as on 10/30/07 at revealed Client #1 hitting ight shoulder three times other housemate, Further at the direct care staff			1. As mentioned in W159, the licensed p has been contacted so as to schedule train BSPs and behavioral data collection syst training will occur by2-7-08. The QMRP will provide new staff with during their in-home orientation and the follow up via psychology during her role visits2-7-08.  2. See responses for W237.  3. See responses for W237.	terns. This initial training would receive		

	rici Mate	NIT OF HEA	LTH	ND HUMAN SERVICES				4011
			ARF &	ND HUMAN SERVICES MEDICAID SERVICES			PRINTE	D: 01/14/200
STATEME	NTOFD	EIGENCIES		BROWN SERVICES			FQR)	MAPPROVE
AND PLAN	NOF GO!	ETICIENCIES RECTION		PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	ULTIPLE CONSTRUCTION	OMB NO	<u>0. 0</u> 938-039 <sup>,</sup>
	ļ	ľ		CATION NUMBER:	A. BUIL	PING	(X3) DATE	SURVEY
ļ	ľ,				ſ		COMPI	LETED
\		<del> </del>		09G09B	B. WJN	 G	_	R
NAME OF	PROVID	ER OR SUPPLIE	ER:	-	<del></del>		01/	10/2008
MTS	ŀ	1		ł .		STREET ADDRESS, CITY, STATE, ZIP	CODE	10/2008
1, 3	1 t 2 ,		.		]	927 55TH STREET, NE	OUDE	
(X4) ID	<del></del>	01		<u> </u>		WASHINGTON, DC 20019		
PREFIX	1 1 1	SUMMARY:	STATE	ENT OF DEFICIENCIES	10			
TAG				IST BE PRECEDED BY FULL DENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION OF COR	ORRECTION	(X5)
				T	TAG	I CIVOAS-KELEKENCED TO TH	(E APPROPRIATE	COMPLETION DATE
(W 193)	1 0	<u> </u>	<del></del>	·		TELICIENCY	)	]
[14 120]	1 7	inued From	page	₿	[W 19:	W 193		<del>                                     </del>
	betwe	en her and	the of	ner housemate. Interview	[ [ ] ]	See responses for W159 above (#1		
	Anifit	ide miecico	re star	Tat annoximately 5:26		In addition, the QMRP will monite	or appropriate	1
	L 1A1 14	これらきりきひ こりちょ	i sne m	IBC not been fraince as the l		implementation of BSF strategies	during her routing 🐇	1
	1 Militar	alloeugyior :	فمطالح	ift Plans (BSB) - Eustines - I		abcomprious as will the licensed of	sychologist during	1
	1117021A	IWW WITH THE	: SOATT I	lieVealed that she had ablut		ber periodic visits. Both will provi	ide on the spot	
	I notetii	working at t	he fac	llity six (6) days Review !		training if needed based on what the	hey	1 1
	of the	BSP dated	12/3/	6, revealed that the client		observe2-1-08.	•	
	has ta	ingeted behi	aviors	that included hitting or		·		
	attem	pits to hit wit	th inte	t to harm. Further review			•	
	revea	ed that whe	n the	plient shows stereotyped			1	
	bellav	ins staff s	hould	implement the following			,	
	steps	, W. O. O. C	. General	implement the rottowing				Į
		` <b> </b>	· ;					İ
	a Ac	tively engag	أحم الأذر	ntiau ousk				
	b. Re	drect early	to be	activity or a task she likes				1
	c. Do	not just tell	her et	activity of a task she likes				1
	d. Te	arb bor to u	ica: pa	hands by giving				
	SOME	ting to hold		place, drop, squeeze				
	90,110	cont becw	ntin: och	sory materials				
	£ 50	lee for coop	iui aci	asory materials				- 1
	i gla	rate (o) coop	erado	1:		Ì		
	مراجع أحرو		الريام					ŀ
				ed Mental Retardation				ĺ
	E idies	Wiedoed the	1 ( T ) ( )	11/2/07 at 10:00 AM ewly hired staff had not				ł
	receiv	wiedbed ille	at the	plients BSP. There was				ľ
				monstrated competency				
				ent #1's BSP.				
{W 237}				DUAL PROGRAM PLAN	{W 237	,		
144 2017	700,7	+4(0)(0)(14)	14(2)	BOAL I ROURANI FEAN	144 Z37	<b>"</b> [ .	Į.	
	Earth 1	etitten traini	ina na	gram designed to				1
				in the individual			}	1
								1
	francis	an pien mus	ا الم	ify the type of data and			İ	ł
	to see	os program	a tous	ion necessary to be able and the desired objectives.				
1	.c ass	As brodies	WW.	if any aconca objectives.				
	li I	H						
	Thi	ANDARD	ie na	met as evidenced by:				
				the facility failed to			[	
ŀ	ensur	that each	with the	training program			ĺ	

<u>CENTER</u> SYATEMENT AND PLAN O	OFIDER	CIEN	CIES		PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
İ					, 09G098	B. WIN				국 0/2008
NAME OF PI	ROVIDE	OR	SUPPLIER				92	EET ADDRESS, CITY, STATE, ZIP CODE 27 55TH STREET, NE VASHINGTON, DC 20019	1	
(X4) ID PREFIX TAG	(E	SU ACH SULA	MMARY ST DEFICIENC TORY OR	ATE Y M LSC	nt of deficiencies The preceded by full entifying information)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI GROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
{W 237}	desig indivi deta i desin semp The f	red ual lece d ol e. (f indin	program seary to bjective t Client #1 g include the Plat	ment plate asset or of	the objectives in the (IPP) specified the type of ss progress toward the c of three clients in the	{W 2	37}			
	2008 Retail the m	eve latio	aled tha on Profescation to	t th≇ saidh reilk	le IPP on January 10, facility's Qualified Mental al (QMRP) failed to make ct clear, measurable data collection systems.			·		
	(IPP) appro object	and kim: tves	data col ately 8:2 s:	iecik 4 AM	s Individual Programs Plan on on 11/2/07 at revealed the following e table with a peer on 7/7				·	
	sessi b. Ti appro	ns. e wi	il client e	xpr	sa herself at the hysical assistance down to					,
	a (+) cilent data assis dater meas Cuali (OMF	the did hee tanc mine trection (Text)	e client comp not comp it did not e was be d how th for prog Mental F on 11/2/0	ompl plete reflet ing t nese ress letan	neets, staffs' documented eted the task and (-) if the the tasks or refused. The ct at what level of used. It could not be goals were being. Interview with the lation Professional approximately 11:55 PM current data collection					

PRINTED: 01/14/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DETICIENCIES AND PLAN OF CORRECTION (NI) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING B. WING 09G098 01/10/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE \$27 55TH STREET, NE MITS WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REBULATORY OR LSC INENTIFYING INFORMATION) (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY W237 {W 237} Continued From page 8 The QMRP will complete the process of modifying {W 237} the cited measurable objectives by ...... 1-26-08. system did not provide accurate measurement The residential director will review the modifications the client's progress. to maure they establish clearly measurable parameters {W 252} 4問3.4#0(e)(1) PROGRAM DOCUMENTATION (W 252) consistent with the skill being trained ... 1-28-08. Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable telms. This STANDARD is not met as evidenced by: Based on observation staff interview, and record review the facility failed to ensure that each client's individual Program Plan (IPP) objectives are documented consistently and accurately for orle of three clients in the sample. (Client #1) The finding includes: Review of the Plan of Correction dated December 5, 2007 indicated that the facility's Qualified Mental Retardation Professional (QMRP) will coordinate with the Psychologist to ensure that staff refere training of Client #1's Behavior Sumport Plan and data pollection. Further review of the thaining record on January 10, 2008 at approximately 9:00 AM revealed no evidence that the facility's QMRP schilled an inservice training with the Psychologist.

Observations conducted on 10/30/07 at approximately 5:25 PM revealed Client #1 hitting one housemate on the right shoulder three times and attempting to hit another housemate. Further observations revealed the client banging her head, somping, and arm swinging. Review of

PRINTED: 01/14/2008 FORM APPROVED OMB NO. 0938-0391

STATEMENT AND PLAN OF	OF DEFICIENCIES CORRECTION	(24	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE S COMPLE	eted Car
			09G098	8. WING			R 0/2 <b>008</b>
NAME OF PR	ROVIDER OR SUPPLII	ER	,	92	EET ADDRESS, CITY, STATE, Z 27 55TH STREET, NE ASHINGTON, DC 20019	IP CODE	
(X4) ID PREFIX TAG	SUMMARY (FACH DEFICIE REGULATORY (	STATEM NCY MU OR LSO	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFIX TAĞ	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
(W 252)	12/3/06 on 11/1. revealed that stoom the Antecede charts. On 11/2 review of the dahad behaviors of head. Further rediction from the was no ecollected in accumulation of the committee are conducted of consent of the committee are conducted of consent of the committee are conducted of consent of the committee are conducted of consent of the committee are conducted of consent of the committee are conducted of consent of the committee are conducted of consent of the committee are conducted of the consent of the con	rior Sur sur sur sur sur sur sur sur sur sur s	port Plan (BSP) dated pproximately 2:52 PM to record target behaviors avior Consequence (ABC) approximately 8:24 AM the revealed that Client #1 on the floor and hitting her the data collection sheets atomping, arm swinging, observed on 10/30/07. It that the data had been with the BSP for Client my for a functional it's progress. RAM MONITORING & insure that these programs in the written informed arents (if the client is a final to ensure that restrictive high with written consents, included in the sample.  Direction (POC) dated review of the clinical 2008 revealed that Clients	{W 252}	W252 See responses for W15		
	# Janu #2 receit measures. 77(02-09) Previous Vers		en consents for restrictive		Shallo DOCODA		
	GE N	[ <del> </del>		1-60	/Ity ID: 09G098	If continuation sheet	Page 10 of 12

HRA

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE MEDICAID SERVICES PRINTED: 01/14/2008 FORM APPROVED STATEMENT OF DE ICIENCIES AND PLAN OF CORFECTION OMB NO, <u>0938-0391</u> PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 09G098 NAME OF PROVIDER OR SUPPLIER 01/10/2008 STREET ADDRESS, CITY, STATE, ZIP CODE MTS 827 55TH STREET, NE WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) (D PREFIX PROVIDER'S PLAN OF CORRECTION (BACH CORRECTIVE ACTION SHOULD BE CROBS-REFERENCED TO THE APPROPRIATE REBULATORY OR LSC (DENTIFYING INFORMATION) TAG PREFIX (XII) COMPLETION TAG DEFICIENCY) {W 263} Continued From page 10 (W 263) W263 New responses for W124 The fability's HRC failed to ensure that informed consent had been obtained for the use of Client #1 and #2's Behavior Support Plan (BSP) in conjunttion with the use of prescribed psychotropic medications as evidenced below. 1. There was no evidence that written consent had been obtained for Ollent #1's Behavior Support Plan (BSP), for the use of the prescribed psycholropic medications. Interview with Qualified Mental Retardation Professional (QMRF) on 11/2/07 at approximately 10:15 PM revealed that Client #1 did not have written informed consent signed by a guardian or any other person identified as responsible at the time of the survey; however the QMRP submitted paper to obtain quardianiship for the client. [See W1\$41 2. There was no evidence that written consent had been obtained for Wient #2's Behavior Support Plan (BSP), for the use of prescribed psychotropic medications, and sedation prior to medica appointments. Interview with the Qualified Mental Retardation Professional (QMRP) on 11/2/07 at Moproximately 10:65 PM revealed that Client #2 sister signed consents for treatment. [See W124] 483460(g)(2) COMPR#HENSIVE DENTAL (W 356) (W 356) TREATMENT The fad lity must ensure comprehensive dental treatment services that include dental care needed for relief of pail and infections. restoration of teeth, and maintenance of dental health.

AND PLAN OF		ICIENCIES ECTION	(*)	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION		TE SURVEY MPLETED
				096098	B. WIN			   	R 01/10/2008
MTS	VIDE	R OR SUPPLIER				92	ET ADDRESS, CITY, STATE, ZIP CODE 7 55TH STREET, NE ASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(B	ACH DEFICIENC	Y MU:	ENT OF DEFICIENCIES T BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFI TAG	1	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	GOMPLETION DATE
Terminal Control of the Control of t	nis seeve ealth lien of the serve ealth lien of the serve ealth lien of the serve ealing ealth lien the terve ealth lien ealth lien the terve ealth lien e	on observate, the facility of the facility of the facility of the facility of the facility of the Plant of the Plant of the Plant of the Plant of the Plant of the Plant of the Plant of the Plant of the Plant of the me of the m	is in the control of	t met as evidenced by: interview, and record I to ensure comprehensive he maintenance of dental clients in the sample.  I on January 10, 2008 at Client #3 appeared to have and discoloration around client's medical records pproximately 9:00 AM I consult dated June 11, consult, the dentist eads scaling due to heavy he dentist, "will submit licaid for approval." 's Licensed Practical 10, 2008 confirmed that ton June 11, 2007 and	{W 3:	56}	As mentioned, the dental follow up for scheduled for 2-11-08.	client #3	

PRINTED: 01/14/2008 FORM APPROVED

STATEMENT OF DEFICIENCIES (X	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI		(X3) DATÉ SURVEY COMPLETED
	09G098	B. WING		01/10/2008
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY.	STATE, ZIP CODE	
MTS	WASHING	STREET, I STON, DC		
(X4) ID SUMMARY STATE	ENT OF DEFICIENCIES	lo cu	PROVIDER'S PLAN OF CORRECT	TON (X5)
PREFIX (CACH DEFICIENCY M TAG REGULATORY OR LSC	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	II D BE COMPLETE
{1 000} INITIAL COMMENTS	-	{  000}		
A follow-up survey to	ne November 2, 2007		].·	
recertification survey	as conducted on January		Ì	
10, 2008, to verify con	ective actions identified in Plan of Correction.			
the facility's submitted	Plan of Correction.			
The findings of the part				
The findings of this su	wey were based on up home, interviews with			
пападетельная для ук	ential staff, and review of			
records both clinical a	d administrative to include			
The review of the facilit	's Unusual incident			
reports.				
{  229} 35 0.4(f) STAFF TRA	NING	{I 229}		
<u> </u>				
tach training program	shall include, but not be			i
limited to, the following				
(f) Specially areas rela	ed to the GHMRP and the			
residents to be served	cluding, but not limited			
to, behavior managem	ent. sexuality, nutrition			
recreation, total commi	mications, and assistive			
technologies;				
This Statute is not me	as evidenced by:			
Based on observations	ed to ensure that newly			
hired staff demonstrate				
implementation of Res	Bent #1's Behavior			
Support Plan (BSP)				
1 1				
The finding includes:				
Review of the Plan of C	prection (POC) dated			
December 5, 2007 and	review of the training			-
records on January 10,	2008 failed to provide	ļ		
evidence that the staff	ad recevied training from cated in the POC.			
the Psychologist and in	arcated in the POC.			
*********	+->+×+++++++			
ealth Regulation Administration	<b>    </b>		TITLE	(XB) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

2

7JC212

(---)

PRINTED: 01/14/2008 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G098	(X2) MUL A. BUILDI B. WING			R R
NAME OF PROVIDER OR SUFPLIER	STREET A	PORÈSS, CITY,	STATE, ZIP CODE	1 01/	10/2008
MTS	i Washin	H STREET, N GTON, DC 2	NE 20019		
TAS TRADELATOR TORISM	ENT OF DEFICIENCIES \$T BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	MII O 6E	(X5) COMPLETE DATE
(1 229) Continued From page	1	{  229}	Chapter 35		
The flatters, and			3510.5 (I) ————		
The facility failed to en	sure staff displayed	l			
as evidence below:	enting Resident #1's BSP		Psychology training will be held by 2-7-0	18.	
Observations conducte	on 10/30/07 at				
approximately 5:25 PM	revealed Resident #1 in the right shoulder three				
I WINDS WIID SITEMATING IM	Little another house make in the	!			
I FULL MAN COSENVATIONS ME	Vealed that the direct care i				
Stein hildubied Kesigeii	世#1 to Stop while standing b		•		
notween her and the off	Nerhousemate Interview l				
with the direct care state	at approximately 5:36 and not been trained on the		•		
clients Behavior Supper	t Plans (RSP) Further				
interview with the staff	evealed that she had only		·		i i
Depth Wiorking at the fa機	wowod even (a) Yip Vill		,		
of the USP dated 12/3/0	6. revealed that the client				- 1
uas targeted behaviors	that included hitting or			ì	
revealed that when the	t to harm. Further review		·		·
behaviors, staff should	mplement the following				
steps:	in the lonowing				
					ſ
a. Actively engaged co	tinuously	1			
c. Do not just tell her say	ctivity or a task she likes				
d. Teach her to use her					
something to hold, fold				_	
e. Redirect her with sea		į		·	
f. Fraise for cooperation					
Interview with the Qualif	ed Mental Retardation				}
Professional (QMRP) on	11/2/07 at 10:00 AM			ļ	ļ
acknowledged that the	ewly hired staff had not	Ì			
received training on the	dients BSP. There was				
no evidence that staff de in implementation of C	monstrated competency			İ	1
in implementation of Ca	HI # 13 DOF.				
					1
alle Converse Administration		<del>,-</del>		,	

TING.

PRINTED: 01/14/2008 FORM APPROVED

STATEMEN AND PLAN	IT OF DE OF COR	FICIENCIE ECTION	<b>S</b>	(20)	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G098	(X2) MUL A. BUILDI B. WING		1	
NAME OF	ROMDE	8 OR SHE	PLIER	- SM		ADDRESS CITY	, STATE, ZIP CODE	<u> </u>	U/ZUU0
MTS					927 551 Washii	TH STREET, I	NE		
(X4) ID PREFIX TAG		ench defi	CIENC)	r Milit	ENT OF DEFICIENCIES THE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFIX TAQ	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
{  422}	Conti	nued Fr	om pa	ga 2	<u> </u>	{1 422}			- vore-
{  422}	3521.	HABIL	TATI	ON	AND TRAINING	{1 422}	:3521,3	- ;	
{  500}	This S Baser review was p with ti [See I W159 3523 Each that th protect	sistancesident ' satute id on obset the Glavided neir India ederal W237 RESID	se to resident to the servention of resident to the servention of resident to the servention of resident to the servention of resident to the servention of resident to the servention of resident to the servention of resident to the servention of resident to the servention of resident to the servention of resident to the servention of resident to the servention of resident to the servention of resident to the servention of resident to the servention of the se	ridus di con con con con con con con con con con	<del>.</del> ,	{1 500}	See responses for W159, W237 and W255  3523.1  See responses for W124.	- Lunding	
ieatth Regu	This S Based review was p with th [See I W124	tatute i on obs the Gi rovided neir Indiv deral I	s not i ervatid IMRP habilit idual Deficie 263]	net on, i fall atio Sup	as evidenced by: nterview and record d to ensure Residents n, training and assistance port Plan (ISP). Report - Citations				

facsimile transmittal From: FREda Edwards MTS 92755th To: 10. Gay/E Dugger co: Evette Moore